FOR STATE HEALTH DEPT.

director. Poge Hearth Again, Board of Health, Board of He

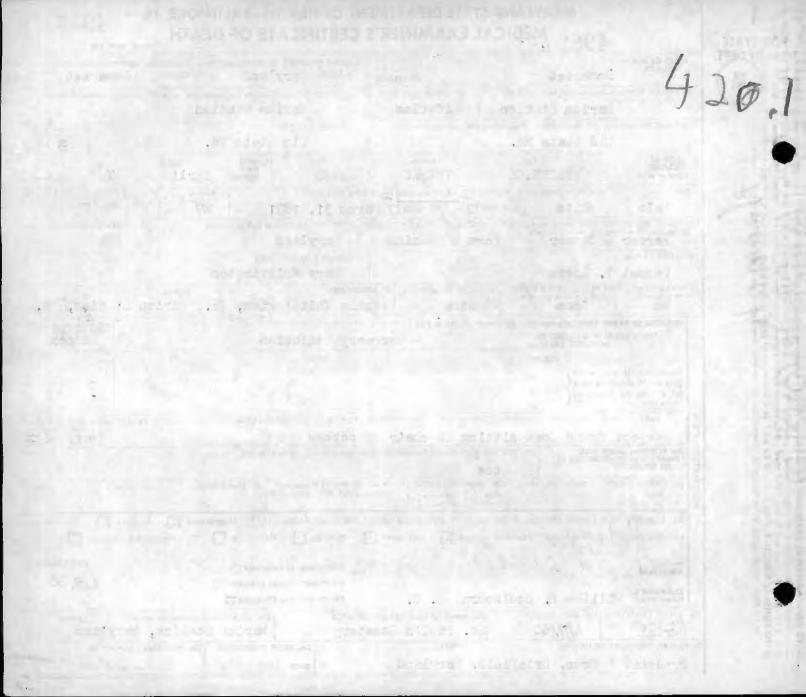
TO DEPUTY MEDICAL EXAMINER: This certificals should be executed within 24 hours after a sith. If any delay is necess executed certificate, withing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the first A should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be get of for y TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to buriof, cremotian, or removal, and in any event within 72 hay it offer death.

VS. A15ME SM 2/57

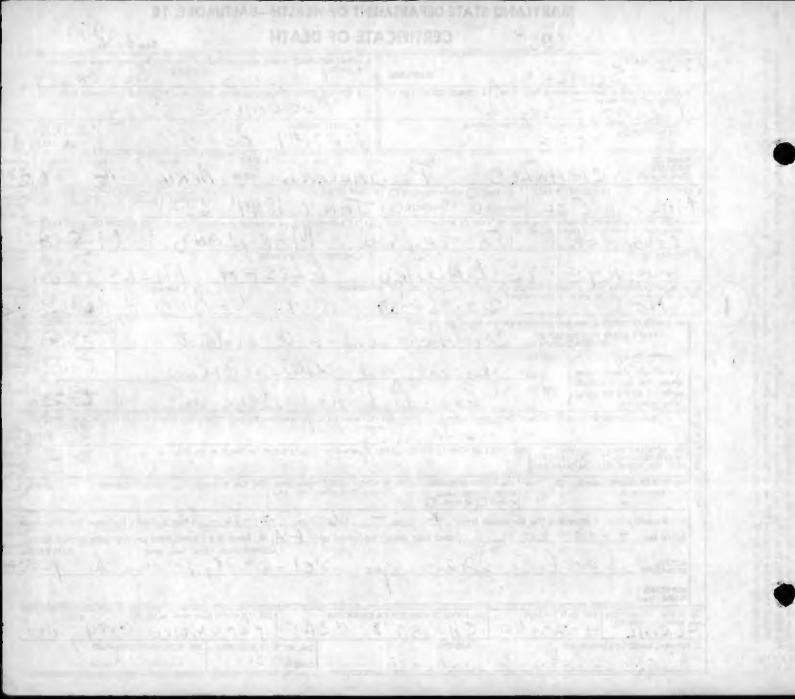
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

v4955

	4360				Reg. Dist. No.
1. PLACE OF DEATH 6. COUNTY	Somerset	MARYLAND		Where deceased lived. If institution is countried to the countries of the	Ity Somerset
b. CITY OR TOWN and give nearest t	(theutside corporete limits, write #UI own) Marion Static			on Station	e RURAL and give nearest town)
d. NAME OF HOS	Old State Rd.	of in hospital, give street address)	d. STREET ADDRESS	State Rd.	e. IS RESIDENCE ON A FARM? YES MO
3. NAME OF DECEASED (Type or print)	FREDERICK	Middle THOMAS	ADAMS	4. DATE Mon OF April	7, 19 60
5. SEX Male			DATE OF BIRTH	9. AGE [In years lost birthday] 89 yrs.	IF UNDER TYEAR IF UNDER 24 HES. Months Days Hours Min.
10c. USUAL OCCUPA during most of wor Farmer	ATION (Give kind of work done rking life, even if retired)	Farm & Canning	Maryland		12. CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Samuel	T. Adams		Mary Whi	ttington	
15. WAS DECEASED [Yes, no. or unknown) No	(If yes, give wor or dates of service None	101	FORMANT stin Whittin	ngton, Jr., Mar	rion Station, Md.
PART II. O 420 Conditions, If gave size to imm (o), stoling the course lost. PART II. C Subject	EATH [Enter only one couse p EATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Only, which mediate couse o underlying OTHER SIGNIFICANT CONDITION TO ONLY, WAS ONTRIBUTING [1] M.		y nephew	am H. Coulbo	EXAMINER Sudden EXAMINER (IVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO IN PART I(a) 19. WAS AUTOPSY YES NO IN PART I(b) IN PART I(c) IN PART I(c) IN PART I(c) IN PART I(c) IN PART I(d) IN PAR
20c. TIME OF IN	JURY Month, Day, Year	None 20d. INJURY OCCURRED 20e. PLAC While Noi while focio of work	CE OF INJURY (Home, formander, street, affice bldg., ele	m. 20f. (City or town)	(County) (State)
21. I certify opinion deed	. 111	the remoins described above urol couses K. Accident [Ulbown albourn, M. D.		Homicide, Undete	, Inquiry (L), ond in my ermined monner (L) DATE SIGNED 4/9/60
	TION, 226. DATE THEREOF	St. Paul's Com		22d. LOCATION (City, town, Marion Statio	
23. FUNERAL DIRECTO		ADDRESS Field, Maryland			ISTRAY'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



			1498°	STATE DEPA		ENT OF F			TIMORE, 1			357	
	PLACE OF DEATH	erset			YLAND	Y	IDENCE (Whe	re deceased	lived. If institution			odmission)	
	RURAL and give no Rumbley	f outside carparate limi earest tawn)		c. LENGTH OF STA		14	TOWN (If ou	itside carpor	rate limits, write R	URAL ond	give neares	t lown)	
	d. NAME OF HOSPIT OR INSTITUTION	(AL (if not in hospitat, g	jive street	address)		d. STREET A	ADDRESS!					S RESIDENCE ON A FARM ES NO	2
	NAME OF DECEASED (Type or print)	Virgi			Blak	e	te	4. DATE OF DEATH	Apri		Day	Year 1960)
5. :	female	6. COLOR OR RACE White	7. MARE			B. DATE OF BIRT July 13		_	9. AGE (In years last birthday) 83 yrs.	Manths		UNDER 24 H laurs Min	-
10a	during most of work	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU		ryland		untry)	12. CI	TIZEN OF	A .	TRY?
13.	FATHER'S NAME Thomas	J. Blake				Eliza	s MAIDEN NA ubeth		tt				
15. {Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wer or dates of a	ervice]	SOCIAL SECURITY N	0. 17. H	Thomas	s M. 1	Blake	Add Rumb		Md.		
		mmediale (Due TO)			l infa	rctio	n			ONSET	AL BETWEEN AND DEATH	1
CERTIFICATION	lying couse lost. PART II. OTH	(c HER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO D						/EN IN PAI		WAS AUTOPS PERFORMED? ES NO	
MEDICAL CERT	20c. TIME OF INJUR Haur a. m. p. m.	19	ar 20d. II While at war	NJURY OCCURRED Nat while	20e. PL	ACE OF INJURY (clary, street, offic	(Home, farm, e bldg., etc.)	20f. (City	or tawn)		County)	(Sto	_
	ZI. I certify th	at I attended the	deceas	ed fram, VTL	4729	, 19	_, la/	Talle	70, 19	that I	last saw	the deced	rsed

Poges I and 2 should be filed with DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbop pagers, the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. by the haspital or attending physician. TO FUNER

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

ACTUAL

C.SutterMD Everett 226. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Blake Cemetery

22d. LOCATION (City, town, or county) Md

Rumbley,

ADDRESS (Street, city or town, state)

and that death accurred at 6A......M, from the causes and an the date stated above.

01

4-3-60 23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

240. REC'D BY REGISTRAR Princess Anne, Md DATE APR 5

Princess Anne

246. REGISTRAR'S SIGNATURE

(State)

TO HOSPITAL VS A1S (4) 15M 9/5S

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		91/5	Supply Action
	4-17-		
	The same and		
* * *			

,				
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please exe-	cute it ertificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funery sector. Page 4 should be		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,	4
s necessary,	ctor. Page		ior to burial	
ony delay i	funery	or you	registrar pr	
r death. If	nd 3 to the	retained fo	12 with the	/
4 hours afte	oges 1, 2, a	ge 5 may be	pages 1 one	1
ted within 2	18. Give P	T PM3. Pag	vermit, File	
d be execu	ncil in Item	ng with for	rial-transit p	
ficate shoul	Jing" in per	Office ala	ed as a be	
R: This certi	word "pend	Examiner's	should be us	
EXAMINE.	writing the	iief Medical	DR: Page 3	
Y MEDICAL	ertificate,	is to the Ch	AL DIRECTO	.ioi
TO DEPUT	cute of	forwo	TO FUNER	ar remaval.

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4988 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH			MARYLAN	2. USUAL RESIDENCE (* o. STATE Maryl:			rution: Reside		dmission)
b. CITY OR TOWN	Somerset. N (If outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 1						fawn)
and give nearest	ess Anne R. B	רד י	Tife	X Princes	e Anno	R. F. D			
	SPITAL OR INSTITUTION (II		And other over National Contract of the Contra	d. STREET ADDRESS	o Amine	100 100 10	•	e, IS	RESIDENCE
			,						N A FARM?
3. NAME OF	First	1	Middle	Leet	4. DATE	Moni	ıh	Day	Year
(Type or print)			ra Corbin	•	OF DEATH		9		1960
5. SEX			NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER	TYEAR IF UN	NDER 24 HRS.
Female	Black	WIDOWED	-	Nov. 13, 19	59	lost birthday)	Months I	Days Haur	Min.
10a. USUAL OCCUP.	ATION (Give kind of work d	one 10b. K	IND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Store		country)	12. CITI	ZEN OF WHA	AT COUNTRY?
Bab	orking life, even if retired)			Maryland			U	J. S. A	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
STITTES	ter Corbin			Bessie K	ing				
15. WAS DECEASED	EVER IN U. S. ARMED FOR		OCIAL SECURITY NO. 17	. INFORMANT	- 0	Address	1		
(Yes, no, or unknown)	(If yes, give war or dates of u	ervice]		Bessie Corbi	n (Mot	her) Pri	ncess	Anne H	. F. D.
18. CAUSE OF D	DEATH Enter only one cour	e per line f	or (a), (b), and (c).	200220 002	(INTERVAL BET	TWEEN
PART I. E	EATH WAS CAUSED BY		ACT	te Bronchitis				10 d	lays
500	IMMEDIATE CAUSE (6)		2100	too Dr onding one					
Conditions, II	DUE TO								
gave rise to im	imediale cause	-							
(a), stating the									
	OTHER SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEATH BI	JT NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GI	VEN IN PART	1(e) 19. WA	S AUTOPSY
OF TAX III								PER YES	FORMED?
20a. EXTERNAL	CAUSE WAS 201	DESCRIBE	HOW INTURY OCCURRED	. (Enter nature of injury in Po	et I or Port II	of item 18.)		1,63 [NOE
PART II.	CONTRIBUTING								
	WURY Month, Day, Year	20d. II	NJURY OCCURRED 20e.	PLACE OF INJURY (Home, for	m. i 20f. /Cit	y or fown)	(Cou	nly)	(State)
Hour a.	m,	While		octory, street, office bldg., etc		,			()
				have held as Autom			1	123	1.61 1.1 .
		_		bave, held an Autap		nspection 🔄		- band	d find that
death result	ted fram: Natural o	causes [2	Accident [],	Svicide [], Homicid	e [_], U	ndetermined	cause [•	
ACTUAL	Chall!)						DAT	E SIGNED
SIGNATURE	1 X Yest	118	100-	M.D. CHIEF MEDICAL E	_				
EXAMINER'S			,	ASSISTANT MEDICAL			pril 9	9, 1960)
NAME (Type)	R. H. Johns		22c. NAME OF CEMETERY				na navahil	15	1-1-1
REMOVAL (Spec	gin 4/6/	60	STEP CEMETERY	tark	00	TION (Gity, town,	Ex-	-7	nd
23. FUNERAL DIRECT	TOR'S SIGNATURE	14	ADDRESS	. 177	D BY REGIS		ISTRAR'S SIG		
Ville	seel 1 8	1 Mus	cell lines	SA AUKL THE BATE A	PHEU	00	A 100 1 100 1		

VS A1S (4)

1SM F/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04959

4999 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND SOMERSET SOMERSET b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) WESTOVER URISFIELD d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? EDW. W. MCCREADY MEMO HOSPITAL RFD Rox 51 YES TYNO 4. DATE OF DEATH NAME OF Middle Day Year DECEASED (Type or print) 1960 APRIT 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) NEGRO WIDOWED DIVORCED | 63 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) FARM WESTOVER . ARMER 13. FATHER'S NAME HESTER TILGHMAN JOHN DENNIS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN Address SARAH Box 51 No DENNIS NONE 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Canditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? Elever YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d, INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. Not while at work of work 21. I certify that I attended the deceased frame In 251960that I last saw the deceased A BRATI. and that death accurred at 3:50 m, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE PHYSICIAN'S COULBOURN. M.D. MARION STATION. GEORGE NAME (Type) 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Marumsco Cemetery R.F.D. Marion Station. 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

DATE APR 2 9 '60

arthur S. Krous

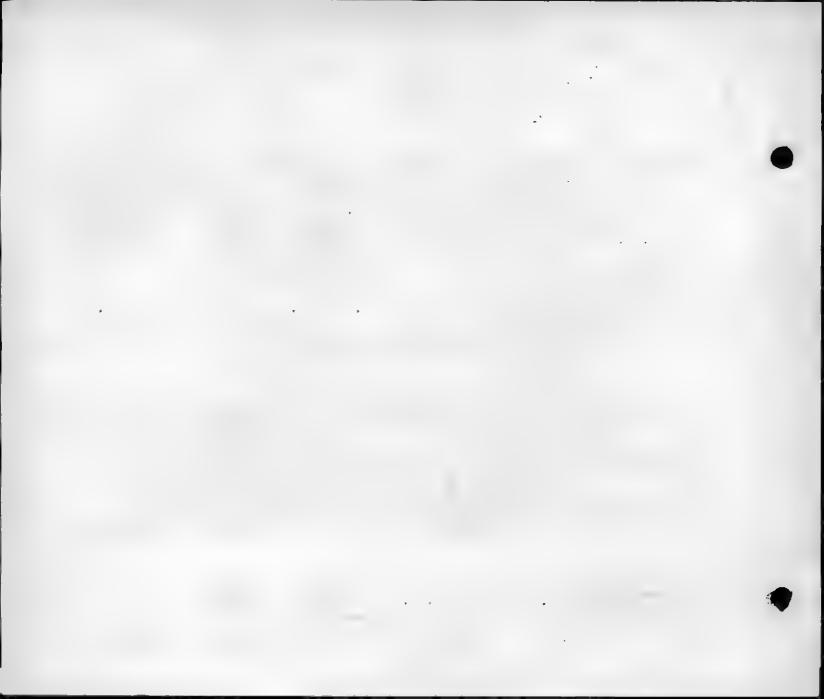
Bradshaw & Sons-Crisfield, Md.

HART DETACHMENT PLESS CHE Marie Marie Company of the Company o All parties of the first terms o and the first war and the first

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4990 **FOR STATE** Reg. Dist. No HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived It institution: Residence before admission) director. Page director. Page of for your files. o. COUNTY b. COUNTY Semerset Somerset Maryland MARYLAND b. CITY OR TOWN (If autside corporate imits, write RURAE c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) ond pive negres) to Shelltown Lifetime Shelltown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE Boor RFD RFD YES 🔼 NO State NAME OF DECEASED First Middle 4. DATE Lost Month Year OF DEATH CHARLES WILTON 1960 DRYDEN April (Type or print) with the 72 hours ofter 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In years IFUNDER TYPAR IF UNDER 24 HES 59 Months Hours M.n. Days White Male WIDOWED | DIVORCED DE 100. USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Farmer Farming Rehobeth. Maryland USA Give Pages 7 h form PM3. bades 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Oscar Dryden Mary Bell File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address STITE STATE along with f No None Mrs. Mary B. Dryden. Shelltown, Md. 212-16-1681 permit. IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSTE AND DEATH gad, PART I. DEATH WAS CAUSED BY: Coronary Occlusion Sudden IMMEDIATE CAUSE (o) burial-transit Office **DUE TO** Conditions, if ony, which gave rise to immediate couse sending in particular **DUE TO** (a), stating the underlying 0 20 cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY esed PERFORMED? edical NO IX be 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. ould 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 1 20f. (City or town) 녛 (County) (Stote) factory, street, office bidg., etc.) at work of work 900 p. m. 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection KI, Inquiry XI, and in my DIRECTOR: apinion deathyresulted from: Notural couses 🔼 Accident 🗍 Suicide 🗍 Hamicide 🗍 Undetermined manner WILL MO. designated ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATUR FUNERAL I ASSISTANT MEDICAL EXAMINER William H. Coulbourn. M. D. DEPUTY MEDICAL EXAMINER TOC NAME (Type) 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) Rehebeth Methodist 4/8/60 Rehobeth, Maryland 0 Burial ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME

Cirilar & Kroud

Bradshaw & Sons, Crisfield, Maryland



TO HOSPITAL

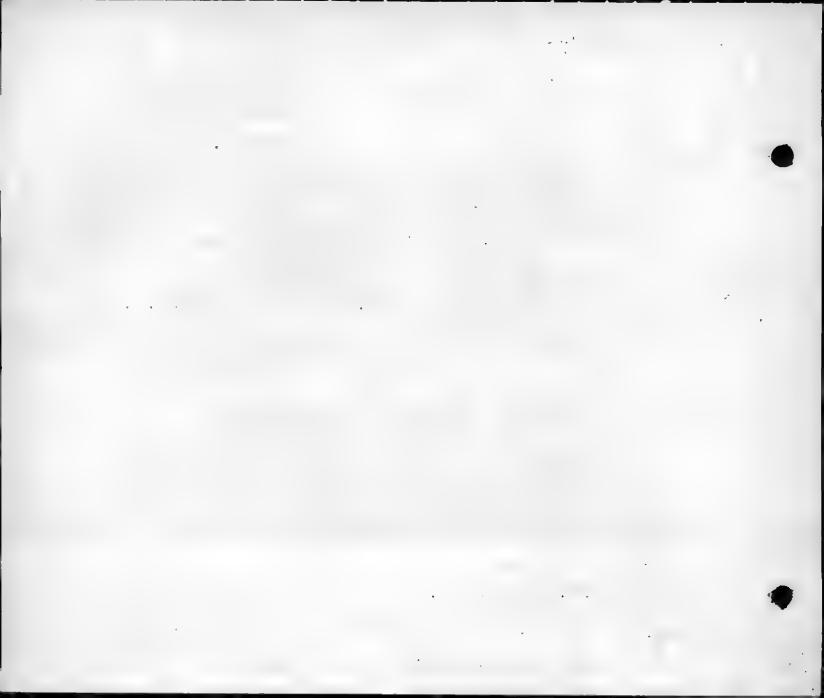
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

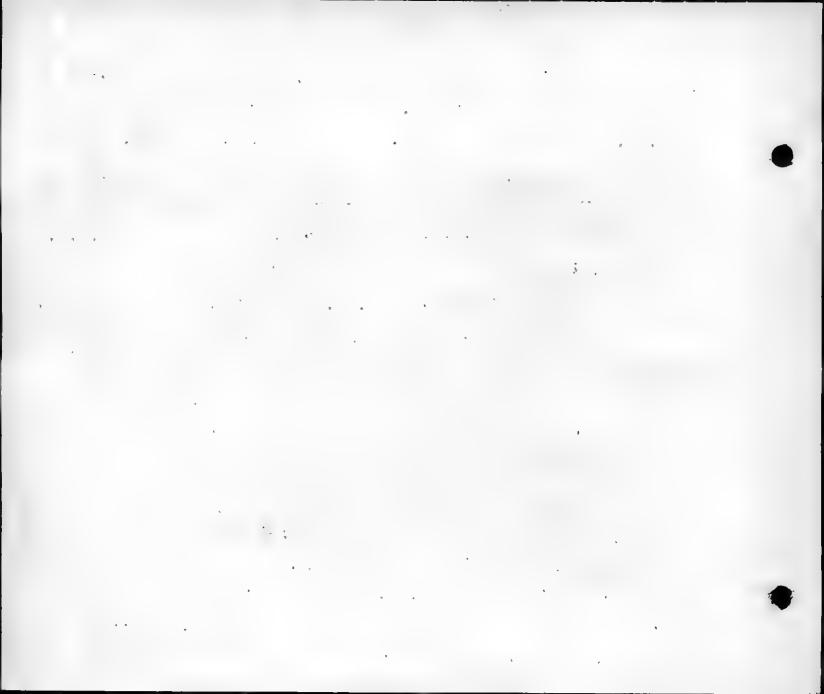
4997 CERTIFICATE OF DEATH 64361

Than 8	O Falm Cibl	1/24/54	i wk	OZOUZ
1. PLACE OF DEATH o. COUNTY Somerset	MARYLAND		ere deceased lived. If institution	Residence before admission) Somerset
b. CITY OR TOWN (If autside corporate timits, write RURAL and give nearest town) **RURAL TOWN (If autside corporate timits, write RURAL and give nearest town)	16 Months	37 Crisfi	utside corporate limits, write RU •1d	RAL and give nearest tawn)
d NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION Harris Home	et address)	d STREET ADDRESS 18 Elz	ie Ave.	a IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) CHARLES	Middle HENRY	ELZTE	4. DATE Month OF DEATH Apri	/
36 9 37	RRIED NEVER MARRIED DIVORCED DIVORCED	Auril 1. 187		F JNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done louring most of working life, even if retired) Janitor	b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country) , Maryland	12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME		14. MOTHER S MAIDEN N		
Freeborn Elzie	4 COCIAL CECHDITY NO. 17 IN	Louisa Da.	Addre	**
No None (If yes, give war or dates of service)	216-05-6421B Mr		l, Brooklyn, N	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under- lying cause last. (c)	Chronic	Myocard	ritis	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal D sease condition give	N IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED), (Enter noture of injury in P	ort Lar Part II af item 18 }	
A Hour e.m. Wh	t	CE OF INJURY (Home, farm, tory, street, office bldg, etc.	20f. (City or town)	(County) (Stote)
21. I certify that (1) (this haspital) after saw the deceased alive on Part.		4 4 4		
22d SIGNATURE CLADO G. DOCC.	Bornan	ATTENDING ME DIE	STAFF RECTOR PHYS	22b DATE SIGNED
NAME (Type) E. G. Marksme	un, M. D.		ncess Anne, Mai	ryland
Burial April 21, 19	23c. NAME OF CEMETERY OF		23d LOCATION (City, fawn, or Crisfield, M	aryland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			TRAR'S SIGNATURE
Bradshaw & Sons, Crisfie.	ld, Maryland	DATE AP	8 2 5 '60 OAU	Lun S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 8 & 9 Film Gzoz 5/16/60 CERTIFICATE OF DEATH Reg. Dist. No. director, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY g. STATE b. COUNTY SOMERSET SOMERSET MARYLAND IARYLANDfuneral c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carporate limits, write RURAL and give nearest fawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest lawn) YRS. GrisfieldURİSFIELD d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) EDW W 109 ST. SECOND McCREADY MEMO. HOSP. YES NO A NAME OF Middle 4. DATE last Manth Day Year STERLING DEATH A DRIL 1960 ENNIS (Type or print) LITT. A IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTHO / 10/ 1004 9. AGE (In years last birthday) 5. SEX 6. COLOR OR RACE Manths Days FEMALE PHITE WIDOWED A DIVORCED [7] 12 CITIZEN OF WHAT COUNTRY? 10a. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) MARYLAND Own Home HOUSEWIFE14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physicion 8 SALLY WEBSTER WILLIAM ELLIOTT hours INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO. -16-9542 WM. STERLING CRISFIELD. MD. None No attending 18. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (q) INTERVAL BETWEEN ONSET AND DEATH ā. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) DUE TO Candillans, if sny, which signed gave rise la immediate cause (a), stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? YES NO 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part It of item 18.) 20g ACCIDENT WAS UNDERLYING [] this certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a.m. While Not while p. m. al wark al wark 30 , 196 Ahat I last saw the deceased 21. I certify that I attended the deceased fram, and that death accurred at 12:40, flow the causes and an the date stated above. alive an DIRECTOR: ADDRESS (Street, city or town, state) ģ ACTUAL MARYLAND MARION. SIGNATURE MARION, MARYLAND COULBOURN NAME (Type) GEORGE moy be 220 BUR AL, CREMATION, 226 DATE THEREOF 22d. LOCATION (City, town, or county) (Stote) ■6od May 2. 1960 Crisfield Cemetery Crisfield, Maryland 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REC'D BY REGISTRAR arthur S. Kanes VS A15 (4) Bradshaw & Sons, Crisfield, Maryland DATE ISM P/SB

death certificate



VS A1S (4)

1SM 9/SB

Reg. Dist. No.

Months

Days

U.S.

IS RESIDENCE

ONLA FARM?

YES NO

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

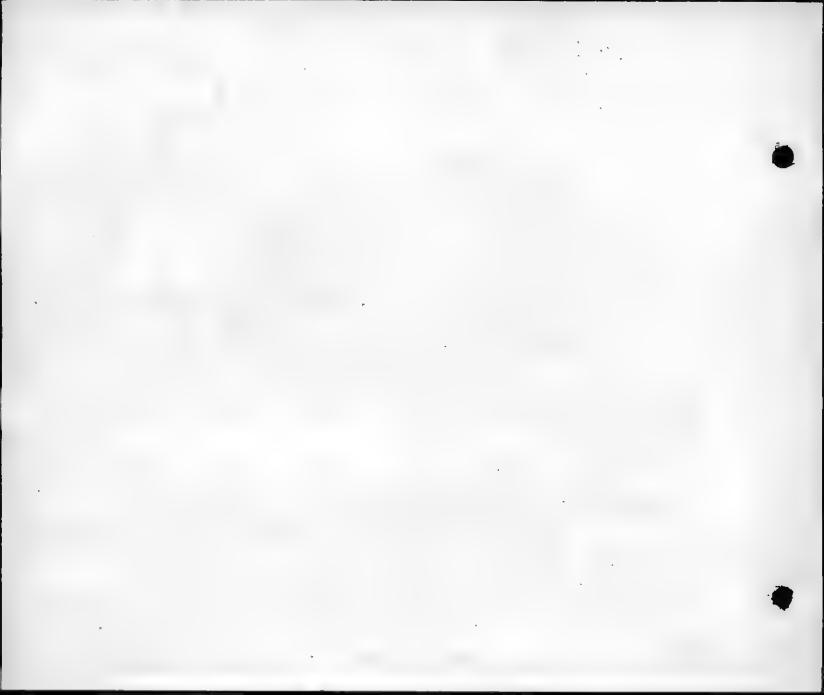
> WAS ALTOPSY PERFORMED? YES NO X

> > (Stole)

Cuiny & Fines

12. CITIZEN OF WHAT COUNTRY?

60



Princess Anne, Md. DATE APR 18'60

Cirting S. Kinera

VS A15 (4) 15M 9/5S

80

HOSPIT

Page

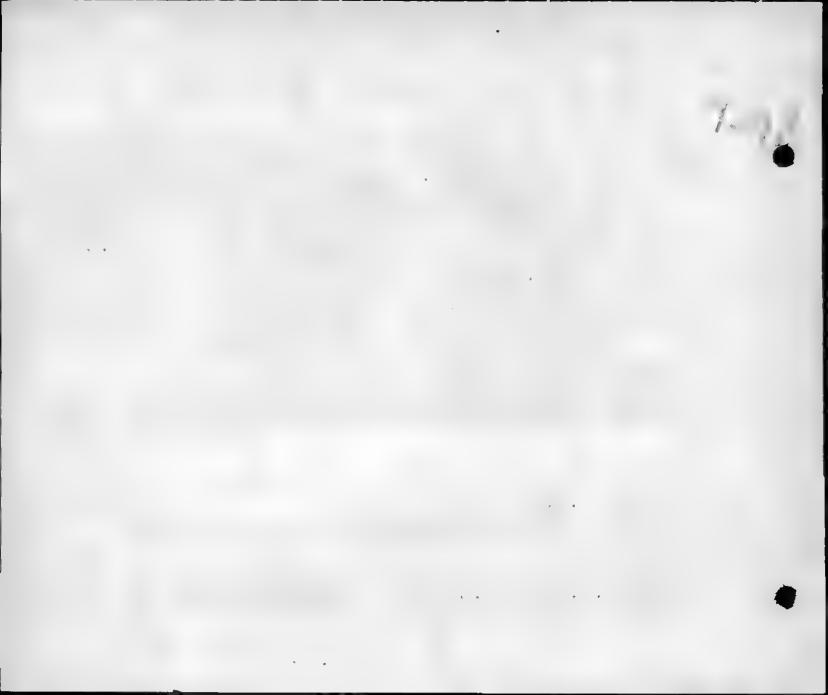
death.

within

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Poge buriol,	Ŀ	o. CITY OR TOWN and give necessit for Ci	ill outside corp
y is nec	•	I. NAME OF HOSP	ITAL OR IN
ony delo funer ir you registror	3.	NAME OF DECEASED (Type or print)	
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h. If o the fame of the fame o		Male	Whi
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4 2 2 p	13.	FATHER'S NAME	
s 1, 2, 3 moy			Edv
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d within 8. Give PM3. Pe		18. CAUSE OF DE	ATH Enter
ra PM ra PM permi		PART I. DE	
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rauld be exect pencil in Item olong with for buriol-transit		gove rise to imm (o), stating the	
ite sho	2	PART II. O	THER SIGNI
rifficote shanding" in r's Office used os a	ATIO		
: This certificated for the control of the comments of the control	MEDICAL CERTIFICATION	20a. EXTERNAL CAPRIMARY OF CO	NUSE WAS
ER: This word 'word should	3	20c. TIME OF INJ	
L EXAMINER: This writing the word hief Medicol Exon DR: Page 3 should	MED	Bor9: P.m	
XAN iting if Me		21. 1 certify	that I to
Chief CTOR: F		death resulte	d fram:
MEDICAL Hiffcole, 1 to the Ch DIRECTO		ACTUAL SIGNATURE	D
DEPUTY MEDICAL EX use striffcate, writh orwcond to the Chief FUNERAL DIRECTOR: r removol.		EXAMINER'S NAME (Type)	R. H
cute forwor TO FUN	22a	BURIAL CREMATI REMOVAL (Specif Burial	ON, 22b.
(23.	FUNERAL DIRECTO	É'S SIGNA
VS. ATSME(5)	1/2		1 -1 -

5M 9/55

	Ιt		_{lm 2} MAI 1994	MEDI	ID ST	EXAM	'ARTM INER'	ENT C	F HEALT	H—BA TE OF	DEATH	18 Reg. Dis		965	
)	1, "	PLACE OF DEATH	merset				MARYLAND	2. USU	ATE A.	Where deced	ised lived. If Institut b. COUNTY				ion)
	b	o. CITY OR TOWN I	If outside corporate lim	nh, write RUR.	AL	c. LENGTH OF		c. C	TY OR TOWN (III	f outside cor	porote limits, write	SOME			1)
,	d	J. NAME OF HOSPI	TAL OR INSTITUTI	ION (If not	in hospit	al, give street o	oddress)	d. 51	Orio	ole				e. IS RES	DENCE FARM?
	3. 1	NAME OF		First		Mide	fla		Lont	4. DATE	Month		Day	YES Yes	NO 🚺
	(DECEASED (Type or print)		Isaa	.c	Н.		all		OF DEATH	April	4,		19	60
	5. S	Male	6. COLOR OR White	- (MARRIED DOWED	NEVER MA	RRIED []		81RTH 26. 1902		9. AGE In years last birthday) 57 yrs.	Manths D			24 HRS. Min.
	10a. d	. USUAL OCCUPATION of working most of working	ng life, even if rei	work done tired)	10b. KiN	ID OF BUSINES	S OR INDUS		RTHPLACE (Slote			12. CITIZ	EN OF	WHAT C	OUNTRY?
	13.	FATHER'S NAME			L.—.—.			14. MO1	HER'S MAIDEN	NAME			II.	•	
			Edward						lla Stat	en					
)	15. {Yes,	WAS DECEASED EV. no. or unknown)	/ER IN U.S. ARMI Iff you, give war ard		}	-05-763	_	nforman Russe:		- Ori	Address	Land			
		PART I. DEA PART I. DEA Canditions, if gove rise to imme (o), stoling the couse lost.	TH WAS CAUSED IMMEDIATE CAU	BYI	Suf			n ene	rsion in	wate:	r.			al setween and death nutes	
	CERTIFICATION	PART II. OT		CONDITIO							SE CONDITION GIV	EN IN PART	11	PERFOR/	NO Z
		PRIMARY OF CO	INTRIBUTING [7]	Ge	ttin	g out	of ca	r – i	ell int	o di	ch. Chu	ld no	t g	et o	ut.
7	MEDICAL	30c. TIME OF INJU	Apr. 4			Not while of work		lory, street,	URY (Home, form office bldg., etc le Ditch	1 ! .	y or town) namp, Some	(Coun		rylar	(Stote)
		21. I certify t									nspection 🔼. Indetermined c	_	XX	and fi	nd that
		ACTUAL SIGNATURE	201J.)	<u>~</u>				HIEF MEDICAL EX	_				/7/60	
		EXAMINER'S NAME (Type)	R. H. J.				Care Trans		PUTY MEDICAL						
	ZZG.	REMOVAL (Specify Burial) 1/7/	60	ZA	Oriole			JK T		TION (City, town, o	r county) arvlan	a	(Stale)	
	7	FUNERAL DIRECTO	rs signature			ADDRESS	cess A			D BY REGIS	TRAR 246. REGIS	TRAR'S SIGN	VATURE		



ofter death. Page

within 24

death certificate

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000	CERTIFICATE	OF DEAT
13117		

	1.1	000	CERTI	FIC/	ATE OF DEATH			Reg. D			
1. PLACE OF DEATH SOUNTY Somerset		000	MARY	LAND	2 USUAL RESIDENCE (Who Maryland	ere decease	d lived If institution b COUNTY			re admissi	ion)
b. CITY OR TOWN (IF RURAL ond give neo Mt Vernon		ts, write	Life Time		XMt Vernon	utside corpo	orate limits, write R	URAL and	give ned	arest town)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	jive street			d STREET ADDRESS					IS RESI	FARMS.
3. NAME OF DECEASED (Type or print)	Fir es si e	st	Middle W •		Jones	4. DATE OF DEATH	Mon		25	י ציי כ	Yeor 19 ⁶⁰
s. sex Remale	6. COLOR OR RACE Negro	7. MARI	RIED NEVER MARRIE		8. DATE OF BIRTH 2/5/1888		9. AGE (In years lost birthdoy) 72 yrs.	Months	Days	Hours	R 24 HR Min.
100. USUAL OCCUPATION during most of works House 13. FATHER'S NAME			KIND OF BUSINESS OF		Maryland 14. Mother's Malden N		country)		J S	A.	COUNT
George (Games	CES2 11	SOCIAL SECURITY NO.	127 11	Mary Jon	es	Adde				
	If yes, give war or dates of s		SOCIAL SECURITY NO.		able Jones	Mt V			and		
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO		ne for (o), (b), ond (c).] cercinoma		pancreask				ONS	ERVAL BET	TWEEN DEATH nth
gove rise to im casse (o), stating the lying cause lost.	mediote (
ICATIC					NOT RELATED TO THE TERMIN			EN IN PAR	(o) T	PERFO	RMED?
	S UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OF	CURRE	D. (Enter nature of injury in P	ort i or Poi	rt II of item 18.)				
ZOc. TIME OF INJURY Hour e.m. p. m.	Month, Day, Ye	or 20d. II While of wor	Not while	20e. Pl. for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City	y or lown)	(County)		(State
	at 1 attended the		ed from 3-12		2 , 19 , to +=2	-					

Princess Anne, Mar yland

C.SutterMD

22b. DATE THEREOF 220. BURIAL CREMATION. BURIAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY St Paul

22d. LOCATION (City, town, or county) Vernon . Maryland

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS William H.James Jr. Princess Anne, Md

24a. REC'D BY REGISTRAR DATE APR 2 8 '60

24b. REGISTRAR'S SIGNATURE Orthon S. Krous

TO FUNE VS A15 (4) 15M 9/SS

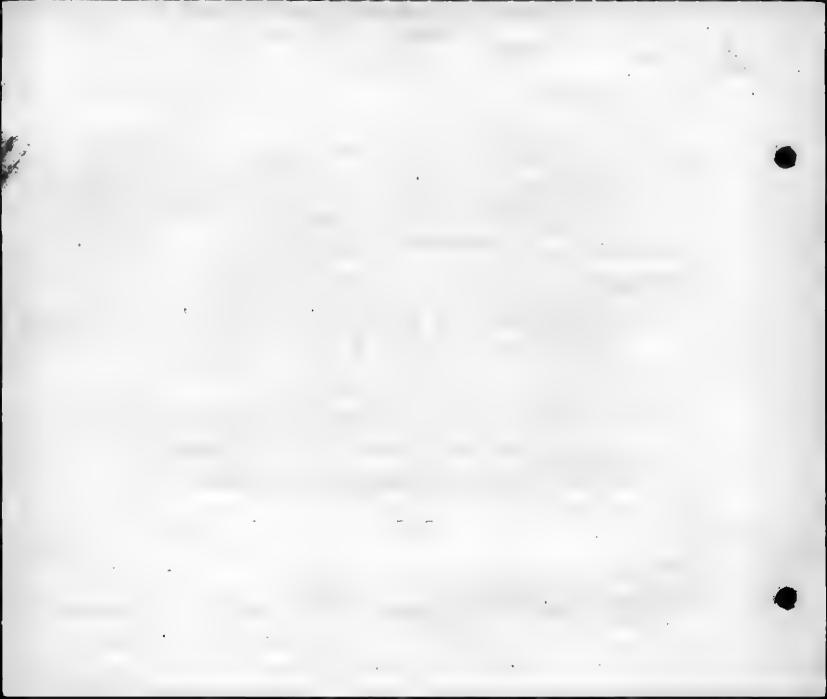
TO HOSPITAL

remove corbon papers. Pages 1 and 2 should be filed with

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

DIRECTOR: After this certificate has been signed by the attending physician and campletely filled

the registrar prior to burial, cramotion, or removal, and in any event within Id be detoched for use os the buriol-tronsit permit.



		DIVISION			ID RECORDS - BALTIM	MORE 1, MARY	'LAND	-v49	68	
		4979	CERI		E OF DEATH					
1.	a. COUNTY Some	erset	МА	RYLAND	2 USUAL RESIDENCE (Who a. STATE Marylan		b. COUNTY 🔔	Residence before		ion)
	b CITY OR TOWN (If out RURAL and give neores Cris		c. LENGTH OF ST.		c. CITY OR TOWN (If or 39 Grisfie		nits, write RUR	AL and give ne	arest town	.)
	d. NAME OF HOSPITAL (I OR INSTITUT ON ABBU	f nat in haspital, give s	treet address)		d. STREET ADDRESS Asbury	Avenue			e. IS RES ON A YES [FARM?
3.	NAME OF (Type or print)	LILLE	A •		AWSON Lost	4. DATE OF DEATH	Month Apri			Year 1960
5			MARRIED NEVER MAI		May 12, 1878	9 AC		UNDER 1 YEA Months Days	Hours	R 24 HRS Min
	Housewife	life, even if retired)	106 KIND OF BUSINESS At Home		TRY 11. BIRTHPLACE (State of Crisfield	, Md.		U. S.		OUNTRY
13	FATHER'S NAME	ward Nelso	R		Melisa	a Jenkin	5			
15	WAS DECEASED EVER IN (If yes	U. S. ARMED FORCES? I, give war or dates of service			ormant s. Margaret F	asquella	Address Asbur		Cri M	sfie
-	PART I. DEATH V	[Enter only one cause WAS CAUSED BY: MEDIATE CAUSE (o)	per line for (o), (b), and	(c)]	نم				TERVAL BE	
	Conditions, if ony,	diate (Chroni	Br	meht.	i			5 yr	۔ مـ
,	lying cause lost.	under- DUE TO	anter	_sscl	ستجم				04	- م
FICATION					NOT RELATED TO THE TERMI			N PART I(o)		AUTOPSY ORMED?
CERT	OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	. DESCRIBE HOW INJURY	OCCURRED	(Enter nature of injury in F	Part I or Part II of	item 18.)			
MFDICAL	20c. TIME OF INJURY A Hour a.m. p. m.	10	20d, INJURY OCCURRED While Not while		CE OF INJURY (Home, form ory, street, office bldg., etc.		wn)	(County	')	(State
	* '		ttended the decease			M from the				
	220 SIGNATURE	unve un	The region of the second of	no mai de	eath occurred at	M Hair the	conses and	un me oui	6 210160	DATE

saw the deceased alive an 🕰 22a SIGNATURE

Sarah M. Pryton, M.D.

ATTENDING PHYS MED. DIRECTOR 22d. ADDRESS

SIGNED Main St .- Crisfield, Md.

23a BJRIAL CREMATION, 23b DATE THEREOF BUTIAL Specify Apr. 28.19 28,1960

23c NAME OF CEMETERY OR CREMATORY Asbury Cemetery

M D

23d. LOCATION (City, town or county)
Crisfield, Md.

(State)

24, FUNERAL DIRECTOR'S SIGNATURE

22c. PHYSICIAN'S

NAME (Type)

Bradshaw & Sons--Crisfield, Md.

25a. REC'D BY REGISTRAR

DATE MAY 2

25b REGISTRAR'S SIGNATURE C-TI. A & Thouse

VR A15 (4) 1SM 9/59

TO HOSPIL TO FUNER

after death. Page

the funeral director should be lifted with

may be led by the hospital of otherding physician

D FUNER SECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 in State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

ATTENBING PHYSICIAM: The low requires that the death certificate be executed within 24



Bradshaw & Sons, Crisfield, Maryland

VS A15 (4)

15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4997 CERTIFICATE OF DEATH Regi Did No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY SOMERSET c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? MATN STREET YES NO I 1960 AGE (In years lost birthdoy) yrs. IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours 12. CITIZEN OF WHAT COUNTRY? USA Address CRISFIELD. MARYLAND INTERVAL BETWEEN ONSELAND DEATH 5 minutes CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) (County) (Stote) 1960 that I last saw the deceased , 19 60, and that death accurred at 7:504 Mram the causes and an the date stated above. ADDRESS (Street, city or town, stote) MARYLAND 22d. LOCATION (City, town, or county) (State)

> 24b. REGISTRAR'S SIGNATURE 24n REC'D BY REGISTRAR Orthur S. Kraus DATE APR 25 '60



2	MARYLAND STATE DEPARTM	MENT OF HEALTH—BALTIMORE, 18									
Y		'S CERTIFICATE OF DEATH 64970									
1	PLACE OF DEATH	Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission)									
	O. COUNTY SOMETSET MARYLAN	a state Manual and b county Command									
/	b. CITY OR TOWN f outside corporate limits, write RURAL c. LENGTH OF STAY IN 11 and give neered lovel)										
	Crisfield Lifetime	99 Crisfield									
The same of the sa	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 104 Columbia Ave.	d. STREET ADDRESS 104 Columbia Ave. 104 Columbia Parmi									
	3. NAME OF First Middle (Type or print) ABERAM HARLAN	NELSON DEATH April 4, 19 60									
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Nov. 1, 1888 9. AGE (in years lead buildey) Nov. 1, 1888 9. AGE (in years lead buildey) Yes. Months Doys Hours Min.									
	10d. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker Oil Transport	STRY 11. BIRTHPLACE (State or foreign country) Crisfield, Maryland USA									
	13. FATHER'S NAME Abraham Nelson	14. MOTHER'S MAIDEN NAME Sarah E. Wilson									
Î	Mark no. or sinknown) 1 (f was nive wor as dolors of service)	rs. Anna W. Nelson, 104 Columbia, Crisfield									
	IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: COPONARY OCC	lusion interval between onset and death Sudden									
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. DUE TO DUE TO (b) DUE TO										
0	ICATIO	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO									
		I Prices of injury in Part-Let Part II of item 18.1 Liver as f Italia Dead									
	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Nat while of work 10 of work 120e. Pl	LACE OF INJURY (Home, form, 1201-10try or lown) (Capety) (State) Lictory, street, office bldg., etc.)									
	21. I certify that I taak charge of the remains described above, held an Autapsy [], Inspection [5], Inquiry [], and find the										
7	death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause . ACTUAL SIGNATURE . CHIEF MEDICAL EXAMINER .										
1	EXAMINER'S William H. Coulbourn, M. D.	ASSISTANT MEDICAL EXAMINER OF CYCLO 1700 DEPUTY MEDICAL EXAMINER OF CYCLO 1700									
1	Burial (Specify) 22b. Date thereof REMOVAL (Specify) 4/7/60 22c. NAME OF CEMETERY C Sunnyridge Ce										
7	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE									

Bradshaw & Sons, Crisfield, Maryland

DATE APR 1 1 '60

circles S. Kraus

VS. ATSME(S) SM 9/55



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

04971

		100		CEKTIFICA	IE OF DE	AIM						
	PLACE OF DEATH	490	1		2 USUAL RESIDI	ENCE (Wh	ere deceased	l lived. If institu	tion Reside	nce before	a admission)	
	o. COUNTY	Somerset		MARYLAND	o. STATE M	aryls	nd	b COUNT	Some	rset		
		outside corporate umits	s, write	c. LENGTH OF STAY IN 15	c CITY OR TO	OWN (If o	utside corpo	rote limits, write	RURAL ond	give near	est town)	
	RURAL and give ne	Crisfield	d	Lifetime	(3) C	risfi	eld					
	d. NAME OF HOSPITA	AL (If not in hospital, gi	ve street	(ddress)	d. STREET AD	DRESS				е	IS RESIDENCE	
	OK 1143111011014	102 Main	St.		1	02 Ma	in St	•			YES NO	
3.	NAME OF DECEASED	Firs	ŀ	Middle	Last		4. DATE OF	M	onth	Day	Year	
	(Type or print)	JAMES		OSBORN	NELSON		DEATH	Ap:	ril	4,	1960	
5. 1	SEX	6 COLOR OR RACE	7. MARR	ED NEVER MARRIED	8. DATE OF BIRTH			9. AGE (In year		R 1 YEAR	Hours Min.	
	Male	White	WIDOWE	D DIVORCED	Sept. 16	, 188	6	73 y		0075	moors mile.	
100	USUAL OCCUPATION during most of work	N (Give kind of work ding life, even if retired)	one 10b	KIND OF BUSINESS OR INDL		,			12 CI	TIZEN OF	WHAT COUNTR)	
_	Retire	d Agent		Insurance			l, Mar	yland		USA		
13.	FATHER'S NAME				14. MOTHER'S							
		m Nelsom				h E.	Wilso					
	s, no, or unknown) [EIN U. S. ARMED FORCE	PVICe1	N	NFORMANT	N 9			idress		262	
	No	None	21	3-22-93296 Mr	s. Maude	Nelso	n, 10	2 Main,	Crisi	ield	, Md.	
		TH [Enter anly one cau	ise per lin	e for (a), (b), and (c).]	-	,				INTE	RVAL BETWEEN	
	PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ar	whe Herman							12hr.	
	432	/ DUE TO	,	1		~ /			- /		,	
	Canditions, if or		m	gold adual F.	" masses.	6 6	-	· Lane	+ down	11-1-	- / casp	
	gave rise to it couse (a), stating t		7	1 . 0								
-,	lying couse lost.) (c)		10 min For	Survey	~ E 1 " " Z L	134			12	me	
CATION	PART II OTH	ER SIGNIFICANT COND	DITIONS C	ONTRIBUTING TO DEATH BU	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION (GIVEN IN PA	RT 1(o) 19	WAS AUTOPS PERFORMED? YES NO	
LL.	200 ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	RIBE HOW INJURY OCCURRI	D (Enter nature of	injury in F	ort I or Por	t II of item 18.)				
CERTI	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJUR	Month, Day, Yea		t.	ACE OF INJURY (History, street, office			or town)		(Caunty)	(Stat	
MED	Hour a.m. p.m.	19	While of worl	IAOL MILIE		orogr, arc.						
	21 I certify tho	t (I) (this hospital)) attend	ed the deceased from.	7 6 9	12	60 . to 4	an. y	19_	40, the	at (I) (we) lo	
	saw the deceas		4-4	19.60, and that	1 -	13, 3	L .	U			1,1	
	22a SIGNATURE	,7		1 100		,				,	226 DATE	
		there !	W - 1		M D PHYS	DI DI	RECTOR -	PHYS -	4	10	60	
	22c PHYSICIAN'S NAME (Type)	0	D	- V D	22d ADDRES		.01 .3 3	Mar	5			
		Sarah M.	reyto	on, M. D.		Oris	riera	, Maryl	and			
230	BLR AL, CREMATIO	2 10	F	23c NAME OF CEMETERY				TION (City, town		-	(Stote)	
L	Burial	4/7/60		Sunnyridge C					Maryla			
24.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			D BY REGIST		GISTRAR'S S	IGNATUR	E	
	Bradehew	& Some Cr	iefia	ld. Marvland		DATE AT	PR 14'	60	Called	8 Hear	44	

es after death. Page 4 a oy the funeral director, OR ATTENDING ENYSHIAN: The law requires that the death certificate be exeruted within 24 hz may be need by the haspital ar attending physician.

D. FUNERE. DIRECTOR: After this certificate has been signed by the attending physician and campletery filleds page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, ages the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs affer death TO HOSPITAL may be

VR A15 (4) 15M 9/59

4022

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death.

within



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4938 **CERTIFICATE OF DEATH** with director Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a. COUNTY o. STATE filed Somerset MARYLAND Somerset Marvland ofter death funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) should Rumbley Rumbley vears d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS N and NAME OF First Middle 4. DATE Lost Month DECEASED 24 Cinda Barks fille Α. April Poges (Type or print) DEATH executed within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH 9 AGE (in years completely Female last birthdoy) White WIDOWED KK DIVORCED | March 28.1874 yrs popers. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) none ond Maryland ŏ ofter 13. FATHER'S NAME physician deoth certificate Thomas J. Blake Elizabeth Hewitt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mr Willard Parks Rumbley. Maryland attending no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Mixed tumor of paroid gland.bilatera IMMEDIATE CAUSE (o) with metastasis **DUE TO** è 700 Conditions, if any, which [b] certificate has been signed e as the burial-transit perm gove rise to immediate **DUE TO** cotise (a), stoling the underond lying couse lost physicion PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy. Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour While Q. m. Not while of work of work p. m -7-60 21. I certify that I attended the deceased fram. ... 19____,that I last saw the deceased detached buriol and that death occurred at 530AM, from the causes and on the date stated above. DIRECTOR ADDRESS (Street, city or lown, state) **ACTUAL** SIGNATURE pe prior Princess Anne. Markvland should PHYSICIAN'S C.SutterMd Everett NAME (Type HOSPIT FUNE ~ ğ 22b. DATE THEREOF 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) abod

Day

IF UNDER I YEAR IF UNDER 24 HRS.

U.S.A.

(County)

24b. REGISTRAR'S SIGNATURE I Time S. Krues

Fairmount,

APR 1 2 60

DATE

Mairmount Cemetery

ADDRESS

Princess Anne. Md.

Hours

INTERVAL BETWEEN ONSET AND DEATH

5ve: rs

PERFORMED? YES NO K

(Stote)

(Stole)

12. CITIZEN OF WHAT COUNTRY?

Months

IS RESIDENCE ON A FARM?

YES NO

Yeor

19 60

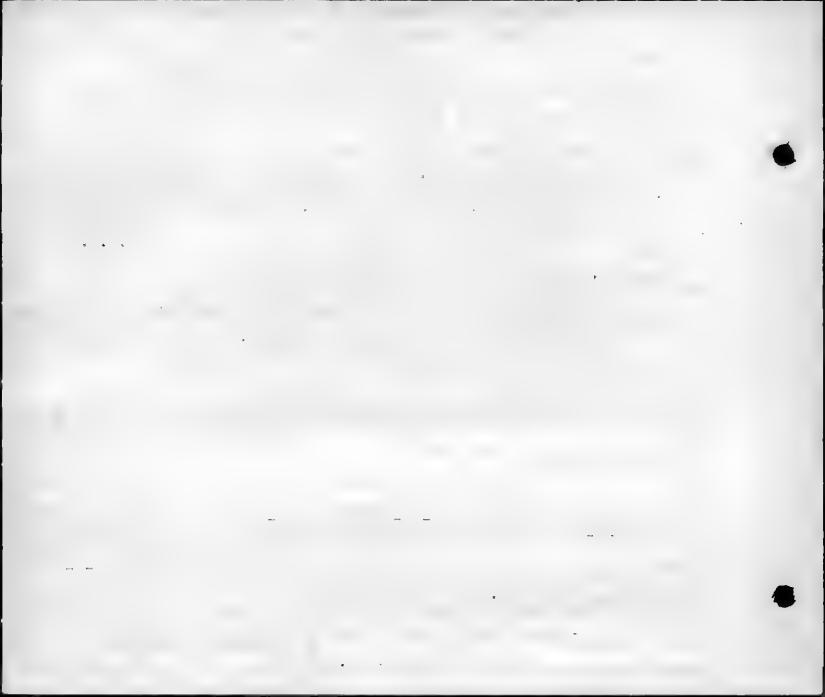
Burial

23 JFUNERAL DIRECTOR'S SIGNATURE

-10-60

2 VS A15 (4) 1SM 9/SS

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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2 'c)	焦 .		4999 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
shouls	M)	1.	PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where decorated lived. If Institution: Residence before admission) b. COUNTY To never the second lived in the county of the c
Poge		Æ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Let CLTS Close R. F. D. Delyland Red Corporate limits, write RURAL and give nearest town)
ctar. prior to	2		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gird street address) NEAR MT. VERNON ON AFARM? YES IN NO []
your		3.	NAME OF DECEASED (Type or print)
o the for sed for the the re		5.	SEX MARRIED NEVER MARRIED B. DATE OF BIRTH MOLE MODULE MOUNT NEVER MARRIED DIVORCED DIVOR
and 3 to retain to 2 will		10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working lite, even if retired) Tomury May 1 Ru
s 1, 2, 5 may t ges 1 or	/_	1:	FATHER'S NAME 14. MOTHER'S MAIDEN NAME LICE LIGHTS 15. FATHER'S NAME
ve Mage Poge File pog			WAS DESCEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address WES W. W. I 217-14-9832 Fattice Tooks Shorther was md -
n PM3. permit.			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), oyd (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) WALLIAM OF THE CAUSE (o)
in Item vith far transit			Conditions, if any, which on Chrows Mrs Carolilia Gen-
pencil alang v burial			gave rise to immediate couse (o), storing the underlying couse fast. DUE TO Selection for the underlying (c) Carles for the couse fast.
ling" in Office and as a		ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{NOTE} \)
d 'pend miner's Id be us		CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
the war ical Exc 3 shou		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 10m, 10m, 10m, 10m, 10m, 10m, 10m, 10
writing ief Med R: Poge	7		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause
ficate, the Ch	1		ACTUAL SIGNATURE DATE SIGNED M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
FRAL D	To a second		EXAMINER'S R. H. Johnson DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DE
fort fort	5	22	O. BURIAL CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
5. A15ME(5)		23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE ADDRESS DATEAPR 25'60 CALLAN S. HAME
5M 9/55	1		(January La Constitution of the Constitution



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THE SHOMET AT THE PROPERTY OF THE PATTERNESS OF A SECURIOR STATE. HEARD ROLLY AND THE THE A SHITE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

										-	-	
1. PLACE OF DEATH o. COUNTY	Semerset		MARYLAN		o. STATE.	yland	_	lived. If institution b. COUNTYS	n. Religion	e de de la	dmissio	n)
RURAL and give	(If outside corporate limits, nearest town) (arion Statio		c. LENGTH OF STAY IN	1ь 🔀		,	Stati	ote limits, write RU	IRAL ond g	ive neares	t town)	
d. NAME OF HOSE OR INSTITUTION	1	d. STREET ADDRESS R.F.D. Route 1						e. IS RESIDENCE ON A FARM? YES A NO				
3. NAME OF DECEASED (Type or print)	LOTTI	T.	HALL.	TAY	LOR Last		4. DATE OF DEATH	April	h	16 Day		60
5. SEX Female		7. MARRII	ED NEVER MARRIED [reh 30,	1898		lost birthdoy) 62 yrs.	Months		UNDER	24 HRS. Min.
100. USUAL OCCUPAT during most of we Housewi 13. FATHER'S NAME		A·	t Home		Rehobe	eth,	Maryl			S A	HATCO	UNTRY?
	Joseph Land					knowi	n.	Addre				
(Yes, no. or unknown)	VER IN U. S. ARMED FORCE (If yes, give wor or dates of serv	vice]	0-34-7685	Roge		-R.F.	D. Ro	oute 1—M		Sta	tion	1, M
Conditions, if gove rise to couse (o), statin lying couse los	immediate DUE TO	Ger	rcinoma, bineral metalgs.	stas	is, sp			er and	en in Part	6 1	nos .	. (?
PART II. O	WAS UNDERLYING 2 IG CAUSE OF DEATH FY MEDICAL EXAMINER)	POb. DESC	RIBE HOW INJURY OCCU	JRRED. (E	nter nature of in	jury in Po	ort Lor Port	II of item 18.)			PERFOR:	NO I
-	URY Month, Doy, Year	20d. IN While of work	Not while		OF INJURY (Hon street, office blo			or town)	(C	(ounty)		(Stote)
saw the dece 220. SIGNATURE 22c. PHYSICIAN'S	C& Ro	or.	1419 60 and th			MET	M, fram t	he causes and		60 that date st	ated a	dbave. DATE SIGNED
NAME (Type) 23a. BURIAL, CREMAT	ION, 236, DATE THEREOF		23c. NAME OF CEMETER	RY OR CR				on (City, town, o			(State)	
Buria I	Apr.18,19	4 -	Sunnyridge	Ceme				field, N				
24, FUNERAL DIRECTO		Sons	-Crisfield	, Md.			BY REGISTR	1	TRAR'S SIG		4	

TO HOSPIT TO FUNER VR A15 (4) 15M 9/59

TO PRESENT THE STATE OF STREET 75 pertu (semilio all a OB THE TOTAL TO SERVE TO SERVE C. II. Carlette -- Al ala Talk your contract the rest of See E transmission . If plants were in ward